UICOM Rockford Saliva-Based COVID Test  **NOTE: Please print neatly to prevent delays in your test**

Your Name: ____________________________________________________  UIN: ________________________________

Birthdate: _______ / _______ / _____________  Cell Phone: (_______) ___________ - ________________

Address: ________________________________________________________________________________________

City: _____________________________________________________________________________________________  State: _____________  ZIP: ________________

UIC E-mail: __________________________________________________________

**Note: The below questions are required by the Illinois Department of Public Health for their reports.**

Ethnicity: (check one):  [ ] Non-Hispanic/Non-Latino  [ ] Hispanic/Latino

Race: (please select the one that best fits)

[ ] American Indian  [ ] Asian  [ ] Native Hawaiian  [ ] Black/African American  [ ] White  [ ] Other  [ ] Unknown

*** *** ** NOTE: Upon successful processing of your saliva specimen, this sheet of paper will be shredded *** ***

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**Call UIC’s COVID-19 Information Line at (312) 355-4649 or email COVIDTesting@uic.edu with any questions.**

- Should we run into any issues processing your sample, we will contact you at the phone number you provided
- Results will be sent to your UIC email account within 48 hours after your test is received; you can also login with your NetID and Password at MyMcKinley.illinois.edu

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**CUT AND KEEP THIS BOTTOM PORTION FOR YOUR REFERENCE**

**BRING THE COMPLETED TOP PORTION TO YOUR SCHEDULED TEST**